U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

File Number U - 2000	2. Fiscal Year Covered From:
	1/1/2/304 Through: 13/3/3/2004
Name and address of person filing.	4. Name, file number, and address of labor organization.
Name JON W MAOISH	71112 20012 32
	Lahor Organization File Number 07/16
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any
Street (394 STERLING	Street 36572 6000ARD
NEWPORT	City ROMULUS
State MICHIGAN ZIP Code +4 48166	State MichiGON ZIP Code + 4 48/74
	ouse or minor child directly or indirectly had any of the following interests lusions set forth in the instructions):
(except as specified in the exc. Held an interest in, engaged in transactions (including loans) with, or	lusions set forth in the instructions): r derived income or other economic benefit of
(except as specified in the exc a. Held an interest in, engaged in transactions (including loans) with, or nonetary value from an employer whose employees your organization	lusions set forth in the instructions): r derived income or other economic benefit of
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(except as specified in the excitation of the interest in, engaged in transactions (including loans) with, or one tary value from an employer whose employees your organization. Name AMELICAN AIRLINGS THE	Indexing set forth in the instructions): If derived income or other economic benefit of etion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 1.a. Nature of Interest, Transaction, or Income. 1.

Date

Telephone Number

Name of Person Filing	File Number U- 2006	
B. Held an interest in or derived income or economic benefit with monetar substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly of dealing with your labor organization or with a trust in which your labor organization.	otherwise dealing with the business a actively seeking to represent, or or indirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	5
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount	-
C. Received from any employer (other than an employer covered or from any labor relations consultant to an employer any payment of mo	under parts A and B above) oney or other thing of value.	
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.	_
Name Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	The second of th	
Street		
City	511	
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	